TTORNEY DOCKET NO.: P-10097.00 xpress Mail Label No.: EV 019 705 934 US

Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: KENNETH C. GARDESKI ET AL. TITLE: . IMPROVED SLITTING TOOL CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231 Sir: We are transmitting herewith the attached: X **Patent Application Transmittal** X Specification: Total pages: 15 (including claims and abstract: Spec. 10 sheets; Claims 4 sheets; Abstract 1 X Drawings: Total sheets: 7 ☐ formal **Combined Declaration and Power of Attorney:** executed \boxtimes copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. X. Accompanying application parts: Notification of filing a 14 Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations **Preliminary Amendment** A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: Continuation ☐ Divisional Continuation-in-part (CIP) of prior application No. Amend the specification by inserting before the first line the sentence: This application is a \square continuation continuation in part of application number _____, filed _____ division of the prior application before calculating the filing fee. Cancel in this application original claims (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. \Box П The Power of Attorney in the prior application is to:

· 🗖 ·	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed					
<u></u>	Address all future correspondence to:	Michael C. Soldner, Reg. No. 41,455				
^	, tadioos an interior	Medtronic, Inc., MS 301				
		710 Medtronic Parkway				
		Mailstop LC340				
		Minneapolis, Minnesota 55432				
		Telephone: (763) 514-4842				
		Facsimile: (763) 505-2530				

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	36	20	=	16	x 18	\$288.00
Independent Claims	3	3	=	0	x 84	0.00
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$740.00
<u> </u>	<u> </u>				TOTAL	\$1,028.00

Charge Deposit Account No. 13-2546 the amount of \$1,028.00 for the filing fee and \$40.00 for the assignment recordation fee for a **TOTAL OF** \$1,068.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

a/15/02

Beth L. McMahon, Reg. No. 41,987

MEDTRONIC, INC.

7000 Central Avenue N.E.

Minneapolis, Minnesota 55432 Telephone: (763) 514-3066